FILED Feb 12, 2003 8:00 am Secretary of State 01-16-2003 90077 030 ***150.00

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HARRISON, R. CRAIG 1605 MAIN STREET SUITE 1111 SARASOTA FL 34238 If the above named entiry submits this statument for the purpose of changing its registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am transiter with, and accept the obligations of registered agent, or both, in the State of Florida. PLANSITER MOVES STATE MOVES STATE Agent to the state of Florida St	<u> </u>			L	try	5. Certifi	cate of Status D	esired [\$8.75 Fee Req	Additional
HARRSON, R. CRAIG 1005 MAIN STREET SUITE 1111 SARASOTA FL 34238 A. The above named onlive submits the statument for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition to registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. I am familiar with, and accept the abdition for registered agent, or both, in the State of Florida. State Addition for the state of Florida Department of States of States of Florida Florida Florida Florida to Florida	6. N	ame and Address of Current	Registered Agent			7:- Name	and Address o	l New Register	d Agent	
SARASOTA FL 34238 CAY FL Zip Code A. The above named entity submits this statument for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the purpose of presentation of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the purpose of presentation of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the state of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the state of Florida. Post Flux Addition and the state of Florida State and purpose of registered agent, or both, in the state of Florida State and put my name appears in Block to or Block 1 if a purpose of registered agent. Post Flux Addition and the registered agent and	1605 MAIN STREET					(P.O. Box Number is Not Acceptable)				
Signature Sign		1236			City			F	L Zip (Code
FILE. NOW!II FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. S5.00 May Be Added to Fees	the obligations of the	entity submits this statement for egistered agent.	x the purpose of changing its	registere	d office or registe	red agent; o	r both, in the Sta	te of Florida. I a	m familiar w	ith, and accept
After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DOWNER ROBERTS, LAURA STREET ADDRESS CITY-ST-ZP THE CONTROL OFFICERS AND DIRECTORS THE NAME STREET ADDRESS CITY-ST-ZP THE CONTROL OFFICERS AND DIRECTORS IN 11 Change Addition Addition Addition THE CONTROL OFFICERS AND DIRECTORS IN 11 Change Addition THE CONTROL OFFICERS AND DIRECTORS IN 11 Change Addition THE CONTROL OFFICERS AND DIRECTORS IN 11 Change Addition THE CONTROL OFFICERS AND DIRECTORS IN 11 Change Addition THE CONTROL OFFICERS AND DIRECTORS IN 11 Change Addition THE CONTROL OFFICERS AND DIRECTORS IN 11 THE CONTROL OFFICERS AND DIRECTORS IN 11 Change Addition THE CONTROL OFFICERS AND DIRECTORS IN 11 THE CONTROL OFFICERS IN 11 THE CONTROL OFFICERS AND DIRECTORS IN 11 THE CONTROL OFFICERS AND DIRECTORS IN 11 THE CONTROL OFFICERS IN 11 THE CONTROL OFFICE		typed or printed name of registered agent.	and title if applicable. (NOTE	E: Registered	Agent signature require	d when reinstating	2) ,	DATE	. 10	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THE NAME ROBERTS, LAURA 221 MALL DRIVE SARASOTA FL 34231 Delete THE ORDERS SARASOTA FL 34231 THE ORDERS SARASOTA FL 3423	After May 1 Make Check Payeb	2003 Fee will be \$550.00 le to Florida Department o	f State		parameter to the second	9.	Election Campi	aign Financing	_ \$5	.00 May Be
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NAME REET ADDRESS TY-ST-ZIP TILE ME REET ADDRESS TY-ST-ZIP TILE MAME STREET ADDRESS TY-ST-ZIP L I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplier lental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Statutes. SIGNATURE: SIGNATURE: 1021 1031 1031 1031 1031 1031 1031 103	AME Treet address		☐ Delete	TITLE NAME STREET	ADDRESS			· · · · · ·	☐ Chang	e Addition
MAME REET ADDRESS TY-ST-ZIP 2. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplierhental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report or required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an affecting with an address, with all other like empowered. SIGNATURE: 10	TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	NAME STREET		, ,		· •	Change	Addition
of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statues; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	ME REET ADDRESS		☐ Delete	NAME STREET					Change	Addition
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	IGNATURE:	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF	R DURECTOR		1/7	/03 Date	<u></u> 3	49-C	2834